

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis  
 Township Cent  
 City St. Louis

Registration District No. 789Primary Registration District No. 6033(No. 3623, Brown rd)St. WardFile No. 21741Registered No. 1662. FULL NAME Lula B. Montgomery(a) Residence, No. 3623, Brown rd, St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harvey C. Montgomery  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1871  
 7. AGE YEARS 63 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) McLean (STATE OR COUNTRY) Illinois13. NAME W. L. Morse14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)15. MAIDEN NAME Anna Bell16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)17. INFORMANT Mr. Harvey C. Montgomery (ADDRESS) 3623 Brown rd18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cem. DATE June 12, 193419. UNDERTAKER Geo. L. Pleistad Inc. (ADDRESS) 5966 Easton Ave20. FILED 6-12-34 19 34 Ed Bachmer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1934, to June 9, 1934I last saw him alive on June 8, 1934. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of  
Lgr Lung,  
4715  
W. 7

Other contributory causes of importance:

None known.Name of operation none Date of —What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19 —Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? noIf so, specify John W. Dicks, M. D.(Signed) John W. Dicks (Address) 1497 N. Hammond St.

